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by Linda Gionet

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.	not available for any reference period
..	not available for a specific reference period
...	not applicable
0	true zero or a value rounded to zero
0s	value rounded to 0 (zero) where there is a meaningful distinction between true zero and the value that was rounded
p	preliminary
r	revised
x	suppressed to meet the confidentiality requirements of the *Statistics Act*
E	use with caution
F	too unreliable to be published
*	significantly different from reference category ($p < 0.05$)

Health at a Glance

Breastfeeding trends in Canada

by Linda Gionet

Highlights

- The majority of mothers, 89%, breastfed their baby in 2011–2012, a slight increase from 85% in 2003.
- More mothers were breastfeeding exclusively for six months (or more): 26% in 2011–2012, compared with 17% in 2003.
- In 2011–2012, mothers who breastfed exclusively for six months (or more) tended to be in their thirties or older, and to have postsecondary qualifications.
- The most common reasons cited for stopping breastfeeding before six months were "not enough breast milk" and "difficulty with breastfeeding technique" in 2011–2012.

The importance of breastfeeding for both baby and mother is well-recognized.[1,2] Breast milk is a custom-made form of nutrition that changes as a baby grows, and is easier to digest than formula. Breastfeeding helps protect against multiple infectious diseases in infancy, sudden infant death syndrome, and may also have a protective effect against obesity.[3,4,5,6] For mothers, breastfeeding can contribute to post-pregnancy weight loss and delay menstruation. It may reduce the risk of chronic diseases, such as ovarian and breast cancers.[7,8,9]

For healthy-term infants, exclusive breastfeeding for the first six months is recommended by the World Health Organization, Health Canada, the Canadian Paediatric Society, Dietitians of Canada and the Public Health Agency of Canada. Around six months, they also recommend introducing complementary foods and continuing to breastfeed for two years or more.[10,11]

This article presents the latest data on breastfeeding from the Canadian Community Health Survey (CCHS).[12] It also highlights the characteristics of mothers who breastfed and some of their breastfeeding challenges. "Mothers," in this article, refers to women, aged 15 to 55, who had a child in the five years before the survey was taken.

Exclusive breastfeeding is when a baby is only fed breast milk and is not fed other liquids or solids.[13]

Most women breastfed their baby soon after birth

In 2011–2012, 89% of Canadian mothers initiated breastfeeding soon after their child's birth, up slightly from 85% in 2003.[14] Canada's rate was higher than that of the United States, 77%,[15,16] but lower than the rate in Norway, 95%,[17,18] and Australia, 92%.[19,20]

Among Canada's provinces and territories, breastfeeding rates ranged widely, from 57%[21] in Newfoundland and Labrador to 96% in such regions as British Columbia and the Yukon in 2011–2012. The rates of mothers who initiated breastfeeding changed little since 2003, except in Quebec where it rose from 76% to 89%.

Mothers who did not breastfeed, 11%, tended to be younger, had less formal education and were more likely to be single than those who initiated breastfeeding.[22] Two of the main reasons for not breastfeeding were that bottle feeding was easier, 25%[21], and a medical condition of the mother or child, 23%.[21]

Mothers in Canada

Most recent Vital Statistics data indicate that Canadian mothers tend to have children at a later age than 10 years ago. In 2011, the age group with the largest percentage of women who gave birth was 30 to 34; compared with 25 to 29 years in 2001.

In select regions, however, women tended to give birth at a younger age, notably in New Brunswick, the Prairie provinces, the Northwest Territories and Nunavut.[23]

More women breastfed exclusively for six months

Health Canada and its partners encourage mothers to breastfeed their infants exclusively for the first six months. Prior to 2004, the recommendation had been to do so for the first four to six months.[24] In 2011–2012, 26% of mothers in Canada breastfed exclusively for six months (or more), up from 17% in 2003. Meanwhile, over half of mothers breastfed exclusively for four months (or more); up from 42% in 2003 (Chart 1).

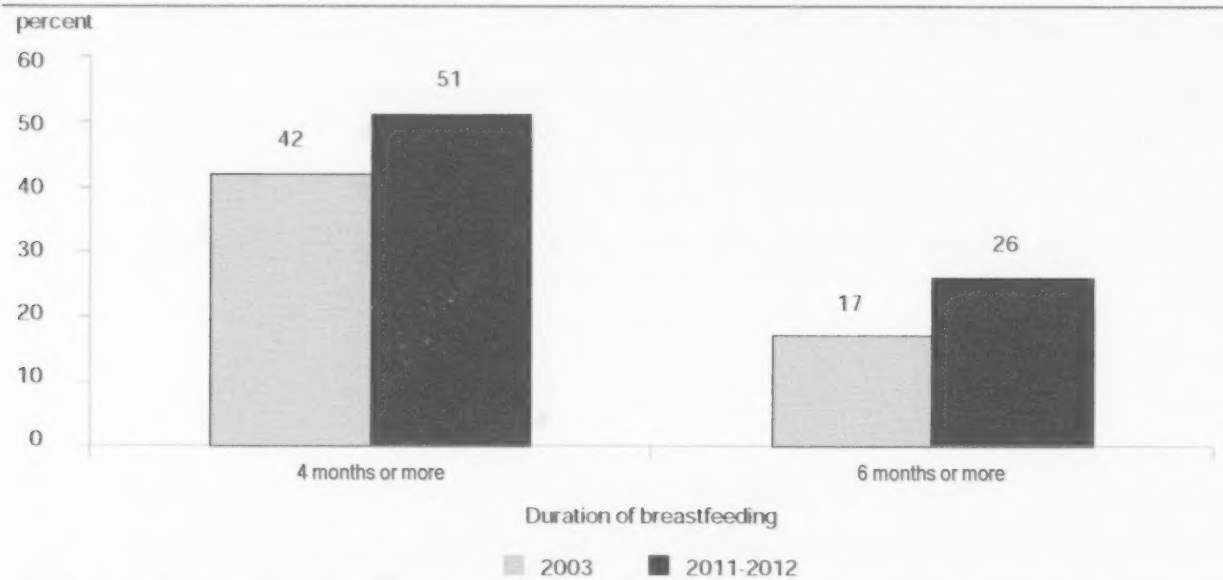
Characteristics of mothers who breastfed exclusively

This section compares the age, education and marital status of mothers who:

- breastfed exclusively for six months (or more),
- those who breastfed (partially or exclusively) for less than six months, and
- those who did not breastfeed.[25]

About 77% of mothers who breastfed exclusively for six months (or more) were aged 30 years and older (Chart 2). Also in this age group were 60% of mothers who breastfed less than six months (partially or exclusively), and 58% who did not breastfeed.

Chart 1
Rates of exclusive breastfeeding for four months or more and for six months or more, Canada, 2003 and 2011–2012



Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2011–2012.

In 2011–2012, 76% of mothers who breastfed exclusively for six months (or more) had postsecondary qualifications, compared with 65% of all mothers who breastfed less than six months (partially or exclusively), and 52% of those who did not breastfeed. Other Canadian research shows that the rates of breastfeeding increased with maternal age and education level.[26]

In 2011–2012, 91% of mothers, who breastfed exclusively for six months (or more), were in a married or common-law relationship, compared with 70% of mothers who did not breastfeed.

British Columbia had the highest rate of exclusive breastfeeding

Across Canada, mothers in British Columbia had the highest rate of breastfeeding exclusively for six months (or more) in 2011–2012.

Most provinces, nonetheless, saw increases in exclusive breastfeeding rates from 2003 to 2011–2012. During that time, British Columbia also had the largest increase from 28% in 2003, to 41% in 2011–2012 (Chart 3).

Vitamin D supplements

Health Canada and other national health organizations recommend that all infants who are fed breast milk receive a vitamin supplement containing vitamin D.[27] Without supplementation, these infants' vitamin D stores may be depleted.[28]

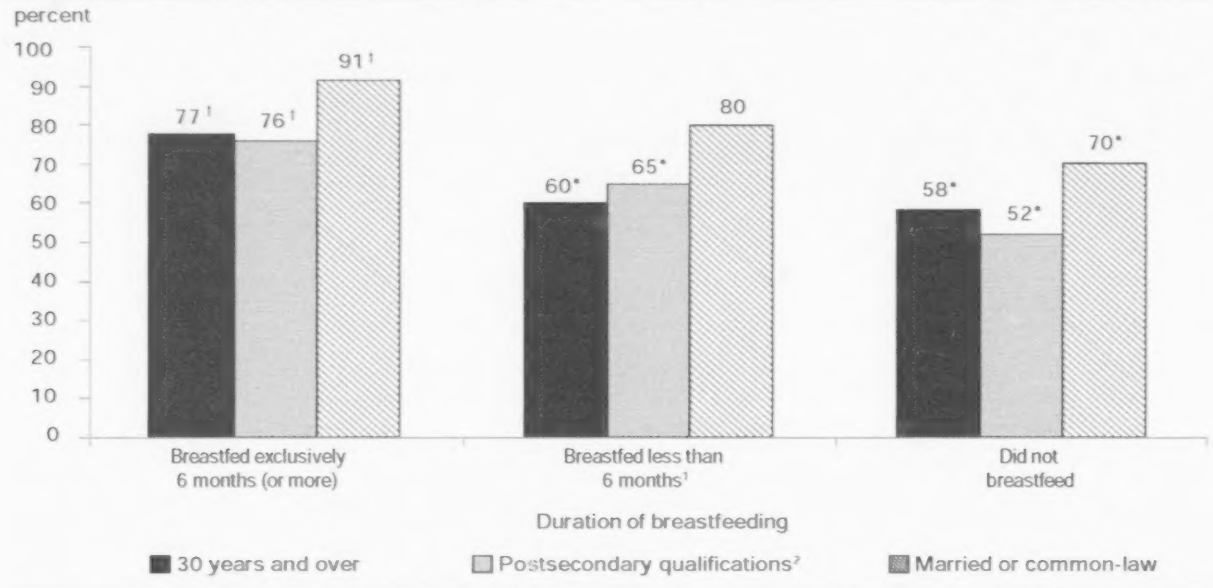
In 2011–2012, 79% of babies who were only fed breast milk received vitamin D. Of the infants who received a vitamin D supplement, most of them took it daily, 67%.

Why women stopped breastfeeding

The CCHS also asked women why they stopped breastfeeding. Among mothers who tried breastfeeding for any duration, the most reported reasons for stopping were insufficient breast milk, 26%; and that the baby was ready for solids, 18%.

"Not enough breast milk" was the main reason for stopping breastfeeding in both 2003 and 2011–2012. There were changes, however, in some of the other key reasons for

Chart 2
Characteristics of mothers by breastfeeding duration, Canada, 2011–2012



† reference category
* significantly different from reference category
1. Breastfed for less than 6 months refers to mothers who breastfed partially and exclusively.
2. Postsecondary qualifications include 'trades certificates,' 'college diplomas,' 'university certificates below bachelor level' and 'university degrees.'
Source: Statistics Canada, Canadian Community Health Survey, 2011–2012.

stopping breastfeeding during that time. For example, in 2003, 14% reported "returned to work or school" compared with 10% in 2011–2012. Job-protected and compensated parental leave was extended in most provinces from six months to one year in 2001.[29] This change may have given some mothers the chance to breastfeed longer at home.[30,31]

Breastfeeding support

The Canadian Maternity Experiences Survey reported that the majority of women in Canada gave birth in a hospital or clinic, and were offered help by a health care provider to initiate breastfeeding.[32]

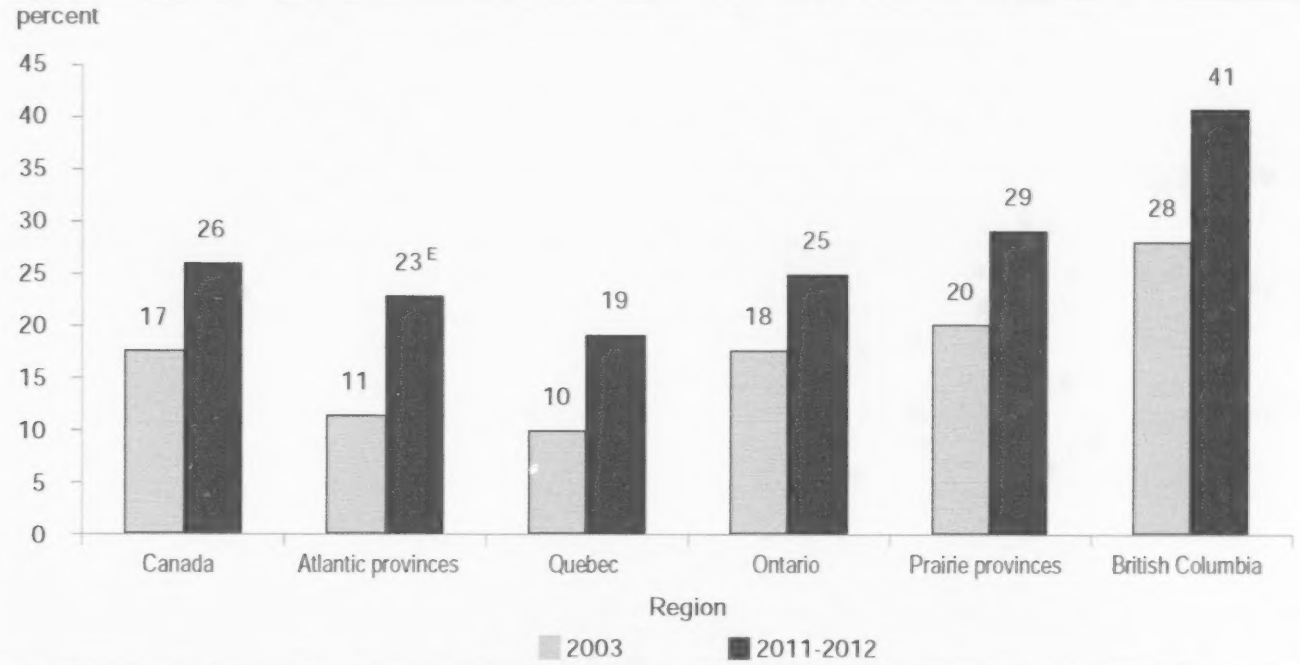
According to a national survey of Canadian hospitals, 85% had breastfeeding policies, and 68% provided information on breastfeeding support. In 2007, 39% of nurses and 9% of other healthcare practitioners were given breastfeeding training.[33,34]

Mothers who stopped breastfeeding before the six-month mark

Among mothers who breastfed for less than six months, about 44% stopped because they felt they had insufficient breast milk, while 18% cited difficulty with breastfeeding technique. In addition to improper latching or feeding technique, low milk supply can be associated with introducing the breastfeeding baby to other foods too early. Babies who consume other liquids and solids tend to breastfeed less which, in turn, reduces the mother's breast milk production.[35]

According to the CCHS, the third most common reason for breastfeeding less than six months was owing to a medical condition of the mother or baby, 9%. There are a few diseases or medications that prevent a mother from breastfeeding.[36] In some instances, however, mothers with unique challenges may benefit from customized breastfeeding support.[37,38,39]

Chart 3
Rates of exclusive breastfeeding for six months or more by Canada and region,* 2003 and 2011–2012



* The territories were excluded as the difference between the 2003 and 2011–2012 estimates was not statistically significant. Due to small sample size, select provinces were grouped together to provide a difference that was statistically significant between the 2003 and 2011–2012 estimates.
E use with caution (these data have a coefficient of variation from 16.6% to 33.3%)
Source: Statistics Canada, Canadian Community Health Survey, 2003 and 2011–2012.

Adding liquids and solids

Although it is recommended that breastfed infants receive only breast milk in the first six months, a proportion of mothers still gave their breastfed infants other liquids and solids before the six-month mark (Chart 4).[40]

Among all mothers who tried breastfeeding, 45% introduced other liquids to their infants when they were three months old or younger, and 13% at four to five months old.[41]

As for solid foods, 11% of infants consumed them at three months old or younger and 32% at four to five months old. Over half, 57%, consumed solid foods at the six-month mark (or later).

The main reasons that all breastfeeding mothers gave for introducing other liquids and solids were: "baby was ready for solids," 44%, and "not enough breast milk," 23%.

Summary

The majority of mothers in Canada breastfed their baby. One in four mothers breastfed exclusively for six months (or more), which is an increase from a decade ago.

"Not enough breast milk" was the main reason that women stopped breastfeeding, even though low milk supply is a rare medical condition. Many mothers reported that they introduced other liquids and solids to the baby before the six-month mark, a practice that may interrupt breast milk production.

Efforts have been made to promote and support breastfeeding in Canada.[42] More research, however, is needed to explore the challenges faced by breastfeeding mothers.

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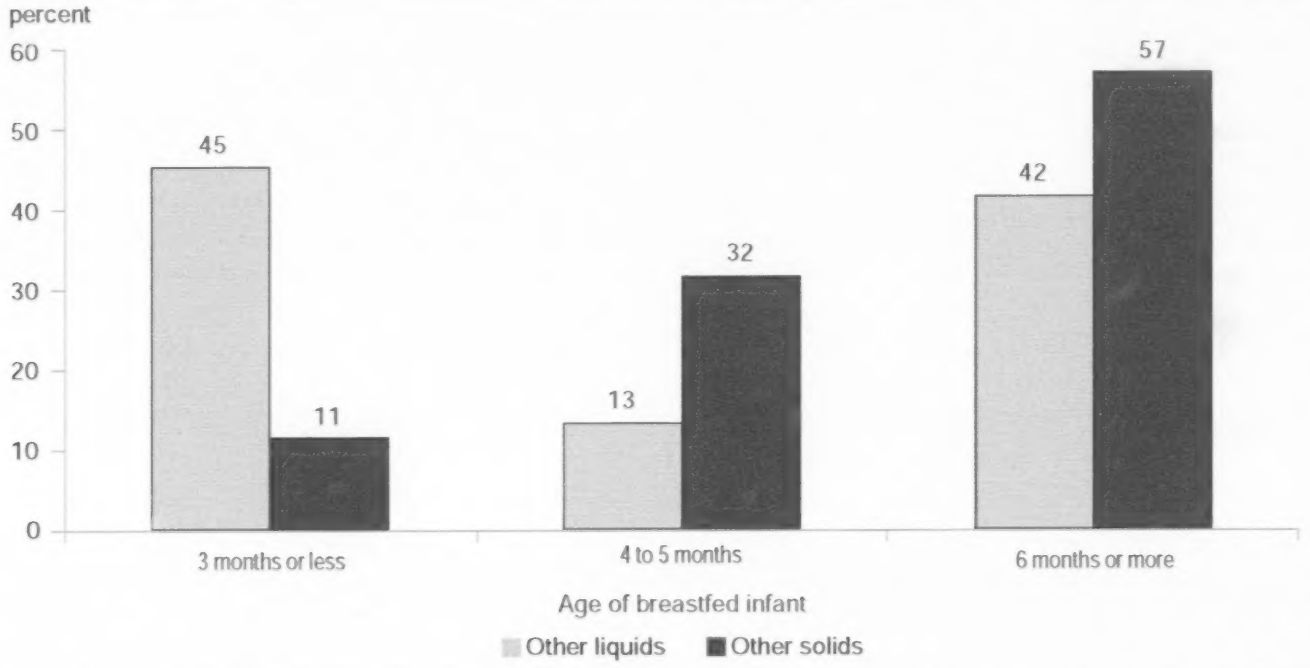
Chart 4
Rates of introduction of other liquids and solids to infant's diet, by age of breastfed infant, Canada, 2011–2012



Source: Statistics Canada, Canadian Community Health Survey, Canada 2011–2012.

Notes

1. See Canadian Paediatric Society 2012.

2. See Horta 2007.

3. See Heinig 2001.

4. See Duijts 2010.

5. See Hauk 2011.

6. See Arenz 2004.

7. See Kramer 2002.

8. See Rosenblatt 1993.

9. See Collaborative Group on Hormonal Factors in Breast Cancer 2002.

10. See World Health Organization 2003.

11. See Health Canada (Nutrition) 2012.

12. The latest CCHS data are based on 130,000 responses collected over two years, 2011 and 2012. The 2003 data were based on 130,000 responses collected over 12 months.

13. Infants who are exclusively breastfed may still receive vitamin and mineral supplements or medicines, in the form of drops or syrups. They may be given oral rehydration solution, if needed. See World Health Organization, 2008.

14. See Statistics Canada 2013.

15. See Centers for Disease Control and Prevention 2009.

16. Breastfeeding rate for the United States is based on a 2009 survey of households with children aged 19 to 35 months that asks if they were ever breastfed or fed breast milk.

17. Norway's breastfeeding data is based on a 2008 survey of a nationwide sample of 3,000 six-month-old infants regarding infant nutrition. The rate of 95% refers to women who breastfed their infant for at least four weeks.

18. See NHMRC Clinical Trials Centre 2011.

19. Australia's breastfeeding data is based on children aged 0 to 3 years who received breast milk.

20. See Australian Bureau of Statistics 2011–2012.

21. This statistic should be used with caution.

22. In 2011–2012, 14% of mothers who did not breastfeed were aged 15 to 24 years compared with 8% of those who breastfed. Mothers who breastfed were more likely to have postsecondary qualifications as those who did not (74% versus 52%). Mothers who did not breastfeed were nearly twice as likely to be single as those who breastfed (22% versus 10%).

23. See Statistics Canada 2012.

24. See Health Canada (Trends) 2012.

25. The sample sizes were too small to compare mothers who breastfed exclusively for six months (or more) with those who breastfed exclusively for 5 months or less. Therefore, the latter group was expanded to comprise mothers who breastfed both partially and exclusively.

26. See Public Health Agency of Canada (What Mothers Say), 2009.

27. See Health Canada (Vitamin D) 2012.

27. See Butte 2002.

29. See Marshall 2003.

30. See Baker 2008.

31. The women who responded to the breastfeeding portion of the CCHS questionnaire had had a baby in the previous five years. The 2003 CCHS data results, therefore, include women who had their babies prior to the 2001 extension of paid parental leave.

32. See Public Health Agency of Canada (data tables) 2009.

33. See Public Health Agency of Canada 2012.

34. Canada's Baby-friendly Initiative recommends that healthcare providers giving direct breastfeeding care should receive at least 20 hours of education, including three hours of supervised clinical instruction. See Breastfeeding Committee for Canada 2011.

35. See Gatti 2008.

36. These include Galactosemia, HIV infection, herpes lesions on both breasts, untreated, infectious tuberculosis and a severe illness that prevents a mother from caring for her infant. A mother's use of certain drugs or treatments may also stop or interrupt breastfeeding. See Health Canada (Nutrition), 2012.

37. See Berg 2012.

38. See O'Brien 2013.

39. See Maia 2010.

40. For the first time, the 2011–2012 Canadian Community Health Survey asked mothers one question as to when they added other liquids to babies' feeds and a separate question for when they added other solids. Previously, data for these variables were from one survey question. The CCHS defines "other liquids" as milk, formula, water, juice, tea or herbal mixture while "other solids" include cereals and mashed or pureed meat, vegetables or fruits.

41. The data comprises of babies who received other liquids and solids to supplement breast milk or to replace it.

42. See Breastfeeding Committee for Canada, 2012.

References

Arenz, S., R. Rückerl, B. Koletzko and R. von Kries. 2004. "Breast-feeding and childhood obesity — systematic review." International Journal of Obesity. Vol. 28, 1247–1256.

Australian Bureau of Statistics. 2012. "Key Findings: Health Actions of the General Population." Australian Health Survey: Health Service Usage and Health Related Actions 2011–2012. http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.002Chapter1002011-12

Baker, Michael and Kevin Milligan. 2008. "Maternal employment, breastfeeding and health: Evidence from maternity leave mandates." Journal of Health Economics. Vol. 27, 871–887.

Berg, Marie, Lena-Karin Erlandsson and Carina Spraud-Lundin. 2012. "Breastfeeding and its impact on daily life in women with type 1 diabetes during the first six months after childbirth: a prospective cohort study." International Breastfeeding Journal. Vol. 7, no. 20, 1–6.

Breastfeeding Committee for Canada. 2012. The Baby-Friendly Initiative (BFI) in Canada: Status Report 2012. http://www.breastfeedingcanada.ca/BFI.aspx

Breastfeeding Committee for Canada. 2011. BFI Integrated 10 steps practice outcome indicators for hospitals and community health services. http://www.breastfeedingcanada.ca/BFI.aspx

Butte, N., M. Lopez-Alarcon and C. Garza. 2002. The Nutrient adequacy of exclusive breastfeeding for the term infant during the first six months of life. World Health Organization, Geneva. http://www.who.int/nutrition/publications/infantfeeding/9241562110/en/

Canadian Paediatric Society. 2012. Position Statement: The Baby-friendly Initiative: Protecting, promoting and supporting breastfeeding. Updated on June 1st, 2012. http://www.cps.ca/en/documents/position/Baby-friendly-initiative-breastfeeding

Centers for Disease Control and Prevention. 2013. Breastfeeding Report Card 2013. National Immunization Survey, 2010 data. http://www.cdc.gov/breastfeeding/data/index.htm

Collaborative Group on Hormonal Factors in Breast Cancer. 2002. "Breast cancer and breastfeeding: collaborative reanalysis of individual data from 47 epidemiological studies in 30 countries, including 50302 women with breast cancer and 96973 women without the disease." Lancet. Vol. 360, no. 9328, 187–195.

Duijts L, Jaddoe VW, Hofman A, Moll HA. 2010. "Prolonged and exclusive breastfeeding reduces the risk of infectious diseases in infancy." Pediatrics. Vol. 126, e18–e25.

Gatti, Lisa. 2008. "Maternal Perceptions of Insufficient Milk supply in breastfeeding." Journal of Nursing Scholarship. Vol. 40, no.4, 355–363.

Hauk, F.R., J. Thompson, K.O. Tanabe, R.Y. Moon and M.M. Vennemann. 2011. "Breastfeeding and reduced risk of sudden infant death syndrome: A meta-analysis." Pediatrics. Vol. 128, no. 1, 103–110.

Health Canada, Canadian Paediatric Society, Dietitians of Canada and Breastfeeding Committee for Canada. 2012. "Nutrition for Healthy Term Infants: Recommendations from birth to six months." Food and Nutrition. Updated on October 31st, 2012. http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php#a5

Health Canada. 2012. "Trends in Breastfeeding Practices in Canada (2001 to 2009-2010)." Food and Nutrition. Updated on April 24th, 2012 http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/prenatal/trends-tendances-eng.php

Health Canada. 2012. Vitamin D Supplementation of Breastfed Infants in Canada: Key Statistics and Graphics (2009-2010). Food and Nutrition. Updated on October 31st, 2012 http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php#a6

Heinig, M.J. 2001. "Host defense benefits of breastfeeding for the infant. Effect of breastfeeding duration and exclusivity." Pediatric Clinics of North America. Vol. 48, no. 1, 105–123.

Horta, B., R. Bahl, J. Martines and C. Vitoria. 2007. Evidence on the long-term effects of breastfeeding: Systematic reviews and meta-analyses. World Health Organization, Geneva. http://www.who.int/maternal_child_adolescent/documents/9241595230/en/

Kramer, M.S. and R. Kakuma. 2002. Optimal duration of exclusive breastfeeding. Cochrane Database of Systematic Reviews. Issue 1, Article no. CD003517. DOI: 10.1002/14651858.CD003517.

Maia, Claudia, Railson Brandão, Angelo Roncalli, Hélico Maranhão. 2010. "Length of stay in a neonatal intensive care unit and its association with low rates of exclusive breastfeeding in very low birth weight infants." Journal of Maternal-Fetal and Neonatal Medicine. Vol. 24, no. 6, 774–777.

Marshall, Katherine. 2003. "Benefiting from extended parental leave." Perspectives on Labour and Income. Vol. 4, no. 3. Statistics Canada Catalogue no. 75-001-XIE. http://www.statcan.gc.ca/pub/75-001-x/00303/6490-eng.html

NHMRC Clinical Trials Centre, University of Sydney. 2011. An International Comparison Study into the implementation of the WHO Code and other breastfeeding initiatives. http://www.health.gov.au/internet/main/publishing.nsf/Content/int-comp-whocode-bf-init

O'Brien, Karel, Marianne Bracht, Kristy MacDonell, Tammy McBride, Kate Robson, Lori O'Leary, Kristen Christie, Mary Galarza, Tenzin Dicky, Adik Levin and Shoo Lee. 2013. "A pilot cohort Â analytic study of Family Integrated Care in Canadian neonatal intensive care unit." BMC Pregnancy and Childbirth. Vol. 13 (Suppl 1), no. S12, 1–8.

Public Health Agency of Canada. 2012. Canadian Hospitals Maternity Policies and Practices Survey. Ottawa. http://www.phac-aspc.gc.ca/rhs-ssg/chmpps-eppmhc-2012-eng.php

Public Health Agency of Canada. 2009. Data Tables for the Maternity Experiences Survey (MES) 2006-2007. Ottawa. http://www.phac-aspc.gc.ca/rhs-ssg/survey-eng.php

Public Health Agency of Canada. 2009. What Mothers Say: The Canadian Maternity Experiences Survey. Catalogue no. HP5-74/2-2009E-PDF, Ottawa. http://www.phac-aspc.gc.ca/rhs-ssg/survey-eng.php

Rosenblatt, K.A and D.B. Thompson. 1993. "Lactation and the risk of epithelial ovarian cancer. The WHO Collaborative Study of Neoplasia and Steroid Contraceptives." International Journal of Epidemiology. Vol. 22, no. 2., 192–197.

Statistics Canada. 2013. Table 105-0502 - Health indicator profile, two year period estimates, by age group and sex, Canada, provinces, territories, health regions (2012 boundaries) and peer groups, occasional.CANSIM (database). http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1050502&paSer=&pattern=&stByVal=1&p1=1&p2=50&tabMode=dataTable&csid=

Statistics Canada. 2012. Table 102-4503 - Live births, by age of mother, Canada, provinces and territories, annual. CANSIM (database). http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=1024503&paSer=&pattern=&stByVal=1&p1=1&p2=50&tabMode=dataTable&csid=

World Health Organization. 2008. Indicators for assessing infant and young child feeding practices. World Health Organization, Geneva. http://who.int/maternal_child_adolescent/documents/9789241596664/en/index.html

World Health Organization and UNICEF. 2003. Global Strategy for Infant and Young Child Feeding. World Health Organization, Geneva. http://www.who.int/nutrition/topics/global_strategy/en/